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Filing Office

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LED PROFESSIONALS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOUGHAL, ZAHOOR A
Name of Person
LED PROFESSIONALS LLC
Firm/Company
8322 OAKLAND PARK BLVD
Address
SUNRISE, FL 33351
City/State and Zip Code
suriyaccounting@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOUGHAL, ZAHOOR A at (954) 330-8191
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1/16/07
11:07 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MOHAMMED, ARSHAD ALI	8322 OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MOUGHAL, ZAHOOOR A	8322 OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SHAHID MAHMOD SHEIKH	8322 OAKLAND PARK BLVD	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

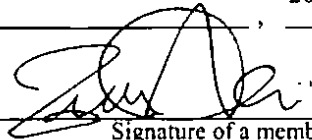
E. Effective date, if other than the date of filing: 05-18-2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 01, 2023



Signature of a member or authorized representative of a member

MOUGHAL, ZAHOOR A

Typed or printed name of signee

2023 JUN 01 11:47